



**HUMAN RESOURCES OFFICE
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

Number: 05-34

29 June 05

**FEDERAL EMPLOYEES HEALTH BENEFITS (FEHB) PROGRAM: DELAYED REINSTATEMENT OF FEHB
FOR EMPLOYEES AND ANNUITANTS WITH TRANSITIONAL TRICARE**

No Expiration

1. The National Defense Authorization Act for 2005 (P.L. 108-375), signed by President Bush on October 28, 2004, permanently provides up to 180 days of transitional TRICARE benefits for members of the military who are discharged from active duty. As a result, these returning members may elect to postpone reinstatement of FEHB enrollment until their TRICARE coverage expires. This TAAI explains how to honor those requests.

a. **Employees** may ask to postpone reinstatement of their FEHB enrollment from the date they are restored to their civilian positions until the day after their transitional TRICARE ends, or any date within this timeframe.

b. **Annuitants** may ask their retirement office to postpone reinstatement of their FEHB coverage from the date they are separated from the uniformed services until the day after their transitional TRICARE ends, or any date within this timeframe.

2. In order to process any requests to postpone reinstatement of their FEHB enrollment, you must obtain a waiver of FEHB coverage from the employee or annuitant. Enclosed is a Waiver of Immediate Reinstatement of FEHB to be used for this purpose. The waiver should be completed when the employee applies for return to their civilian position, or following the annuitant's separation from the uniformed services, and mailed to the Human Resources Office (HRO) immediately. Without this waiver, HRO will automatically restore FEHB to previous levels upon employee reinstatement.

3. Employees and annuitants may revoke the waiver and return to FEHB coverage at any time before the transitional TRICARE ends. If they revoke the waiver, they must sign and date the revocation request at the bottom of the waiver form, and FEHB coverage becomes effective immediately.

4. The waiver automatically terminates upon the death of the employee or annuitant if the employee or annuitant dies before the transitional TRICARE ends. If the employee or annuitant postponed reinstatement of a Self and Family FEHB enrollment and his or her survivors would otherwise meet all requirements to continue FEHB as survivor annuitants, the FEHB entitlement for the survivor annuitants is immediate.

5. Please assist your employees or annuitants who return from military service to avoid any breaks in health insurance coverage between the end of their transitional TRICARE and the reinstatement of their FEHB.

6. If you have any questions concerning this TAAI, contact Capt. Kenneth R. DeCelle, Supervisory Human Resource Specialist at CAGNET: 63411, DSN: 466-3411 or (916) 854-3411.

Encl
Waiver of Immediate Reinstatement of FEHB

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Army: TA


STUART D. EWING
Captain, CA ANG
Deputy Human Resources Officer

WAIVER OF IMMEDIATE REINSTATEMENT OF FEHB

I, _____, was discharged from active military service on _____ and I qualify for transitional TRICARE until _____.

Employees: I understand that, pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA), I have a right to reinstatement of my Federal Employees Health Benefits (FEHB) coverage on the day I am restored to my civilian position under the provisions of 5 CFR part 353 or similar authority. However, I hereby clearly and unequivocally waive my FEHB coverage until _____.

You may select any date between the date you are restored to your civilian position and the date after your transitional TRICARE ends.

Annuitants: I understand that pursuant to the USERRA, I have a right to reinstatement of my FEHB coverage on the day I am separated from the uniformed services. However, I clearly and unequivocally waive my FEHB coverage until _____.

You may select any date between the day you are separated from the uniformed services and the day after your transitional TRICARE ends.

I fully understand that until my FEHB enrollment is reinstated, I will not be eligible for any health benefits that would have been available to me under an FEHB plan. This waiver will terminate upon my death.

Signature: _____ **Date:** _____

Employees and annuitants who later decide to revoke the waiver must complete this section.

I revoke my waiver of FEHB coverage and invoke my right to immediate FEHB coverage.

Signature: _____ **Date:** _____